

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 NOV 22 PM 12: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # L03000030835</b><br>1. Entity Name<br><b>ANAELLE &amp; HUGO CREATIVE PRODUCTIONS, L.L.C.</b>  |  |   |   |  |  |
| Principal Place of Business<br><b>3150 STOWE ST., UNIT 105<br/>ORLANDO, FL 32835</b>  |  |   | Mailing Address<br><b>3150 STOWE ST., UNIT 105<br/>ORLANDO, FL 32835</b>  |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |   |  |
| City & State  |  | City & State  |   |   |  |
| Zip   | Country  | Zip   | Country   |   |  |
| 6. Name and Address of Current Registered Agent   |  |   | 7. Name and Address of New Registered Agent   |   |  |
| <b>JOHNSON, SCOTT E ESQ</b><br><b>111 N. ORANGE AVE, STE 1200</b><br><b>ORLANDO, FL 32801</b>   |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b>      Zip Code       </div> |   |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |  |   |   |   |  |
| SIGNATURE <br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  | DATE <b>11/17/04</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2005, Fee will be \$200.00</b>  |  |   | <b>Make check payable to</b><br><b>Florida Department of State</b>  |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |   | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGR</b><br><b>SIMONET, JEAN-PHILIPPE</b><br><b>3150 STOWE ST., UNIT 105</b><br><b>ORLANDO, FL 32835</b> | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete   |   |   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete   |   |   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |   | <b>REINSTATEMENT 04</b>   |   |  |
| <b>SIGNATURE:</b> <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  | Date <b>11/18/04</b>  |   | Daytime Phone # <b>607 996 9292</b>   |  |